2411 N. Charles St., Baltimore

DI ACE OF DE	ATH		2 USUAL RESIDENCE (HOME) OF DECEASED:
low long in above plac lospital, institution, o	Somerset Urisfiel Outside city or town life of death? life of street address where of McCready r Institution? l ds	eath occurred: Memorial Hosp	(If outside city or town limits, write RURAL and give nearest town)
		ANCIS ADAMS	
male	5. Cotor or race White	6.(a)Single, married, widowed, or single	MEDICAL CERTIFICATION 20. DATE OF DEATH. O. J. 13 19 28 of 1/13/5/14
			and that I last saw harmanive on
deceased (mo., day, 8. AGE: Year		Days If less than one da	Immediate cause of death Bushing By Sentry 4 day
10. Usuat occupation 11. Industry or busine 12. Name	Upshur A	iams risfield	Due to
14. Malden name		ris Somers Virginia	Major fiedings of operations
16. Informant	Upshur A	dams d. Maryland	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
17(Buriel, crematic	Burial n, or removal. Which? tory Crisfie		22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
		ey Bradshaw	***************************************

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PLEASE WRITE PLAINLY

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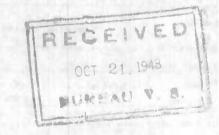
BUREAU Y. S.

1. PLACE OF DEATH merset	2. USUAI. RESIDENCE (HOME) OF DECEASED:	
County	(For prwhorn infants give residence of mother)	
Cliv or town. Kings Creek Princess Anne, Id. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Somerset	
(If outside city or town limits, write RURAL and give nearest town)	City or town Kings Creek Princess Anne, "d. R	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
nospiral, institution, of street educas where deem occurred.	Sireel No	
How long in hospitel or institution?	2.(a) It veleren, neme wer	
3. (a) FULL NAME	3. (b) Social Security Number	
BenJamin J. Barns		
4. Sex 5. Coler er rece 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH Oct- 21, 1948 15 8 P,	
6.(b) Name of husband or wife. Marian D. Barns	21. I CERTIFY that deeth occurred on the date above steted: that I attended deceased from	
	19	
7. Birth dete of deceased (mo., day, yr.) Aug. II, I867	and that I lest sew haive on	
8. AGE: Years Months Days If less then one dey	Immediate cause of death	
81 2 IO hrsmin.	Terlin Selver	
Worcester Co. Maryland	Due to	
9. Birthplece	906 ty.	
10. Usuel occupetion Farmer	Busto	
11 industry or business	Wild Life.	
11. Industry of business is Barns	Diher conditions	
12. Neme Maryland		
	(include pregnancy within 3 months of death)	
E 14. Meiden neme	Major findings of operations.	
2 15. Birthplace Maryland	Date of op.	
16. Informent Mr. Benjamin L. Barns	Actopay results	
Address Princess Anne, Md	PHYSICIAN: Please underline the eause to which death should be charged statistically.	
	22. VIOLENCE: If deeth wes due to external causes, fill in the following:	
Burial Burial Bete thereof Oct. 24, I94 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cametery or crematory	Where did injury occur? (City or town) (County) (State)	
Princess Anne, Maryland	Injured et home, ferm, industry, public place (where?)	
18. Funerel director. Wilson Funeral Home	Meens of Injury Injured at work?	
Address Princess Anne, Nd	04:7	
Address 48 DSIA 50	23. SIGNATURE M. D. or other	
19. (Dago rec'd by registrar) Registrar	Address There are Clare Delote signed \$50 0.4	



2411 N. Charles St., Baltimore

	CERTIFICATE OF D	PEATH Reg. Diat. No	265
1. PLACE OF DEATH	(For rew	ESIDENCE (HOME) OF DECEASED: horn infants give residence of mother)	
Cily or town	State	County Scor Low County Scor Lo	
Hospital, Institution, or street address where death occurred:	Street No	R 3 LO (If rural, give LOCATION)	***************************************
How long in hospital or institution?	2.(a) It veteran	, name war	
3. (a) FULL NAME	he letter	3. (b) Social Security	
4. Sex 5. Color or race 6.(a) Single, married, w	20, DATE OF DE	MEDICAL CERTIFICATION ATH. COCT 19 H-8	34
6.(b) Name of husband or wife. Qelbert	0.	hat death occurred on the date above stated; that I attended deco	19.4.87
7. Birth date of deceased (mo., day, yr.) Compared 24 192	and thal I last s	awh Mt. alive on Chet 16	DURATION
8. AGE: Years Minits Days It less to 2 2	P,	I was to be a loss	is 5yrs
9. Birlhplace (Town county, and state)	Due to		***************************************
10. Usual occupation	Due to		
12. Name Loanesee Man	Diher conditions	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings	of operatiaus.	***************************************
2 15. Birthplace 2 Control of home	Autopay result		l atalisticalle
Address lonsface		Please underline the cause to which death should be charged E: If death was due to external causes, till in the tollowing;	statisticany.
(Burlat, Cremeton, or removal,	monent (only) () car)	ie, or homicide	(State)
Location losses and lo	Injured at home	e, tarm, Industry, public place (where?)	
18. Funeral director Anadeana 1 0	Meens of Injury	Injured at work?	
^ ~			1



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

9400

	Reg. Dist. 110.
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) Slate. Mary and Couoly D. Medical County of town. County Cou
Mary Jane Dash	3. (b) Social Security Number hone
female white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH O CTO BET 9, 1948, 8,115 A
B.(b) Nams of husband or wife B.(c) If alive, give age	21. I CERTIFY Ihal death occurred on the date above stated: That I attended deceased from 19. +4. 10. 19. +5. and that I last saw h
8. AGE: Years Months Days It less than oos day 9. Birthplace mt. Vernon - Somewet - md.	Due la Coronary arbuo (chros):
(Town, county, and state) 10. Usual occupation	Due to
12. Name Doram Jalban 13. Birthplace Unknown 14. Malden name Flizabeth Litch 15. Birthplace Somerset Coupty	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs. Carroll Yarks Address Frincess Anne M.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Cemetery or orematory Tress by Texian emetery.	Accident, suicide, or homicide
18. Funeral director Dale Dashiell Address (1) NCESS Anne 1234	Injured at home, farm, Industry, public place (where?) Mssns of Injury Injured at work?
19. (Datored by registrar) 19. (Datored by registrar) 19. (Registrar)	23. SIGNATURE M. D. or other M. Or other M. D. or o

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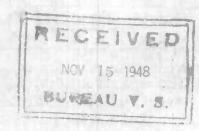
2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Somerset	State Maryland county Somerset	
Crisfield (1f outside city or town limits, write RURAL and give nearest town)	Cily or town Shelltown (If outside city or town limits, write RURAL and give nearest town)	
ow long in above place of death? 5 days. ospital, institution, or street address where death occurred:		
McCready Memorial Hospital	Sireet No. (If rural, give LOCATION)	
How long in hospital or Institution? 3 days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
GORDON DRYDEN		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH	
6.(b) Name of husband or wife Naomi Bell Dryden	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from	
	Celuler 20 19 48 10 Oct 29 1948	
7. Birth date of	and that I last saw h alive on Oct 25	
7. Birth date of deceased (mo., day, yr.) Sept. 25, 1878 8. A.G.F. Years Months Days If less than one day	Immediate cause of death DURATION	
8. AGE: Years Months Days Illess than one day 4	and all of Hent soyo	
	O Jan De la	
9. Birthplace Manokin-Somerset-Maryland (Town, county, and state)	Chara mensila Quelo	
10. Usual occupation Farmer	Due to	
t1. Industry or business		
12 Name James Frank Dryden	Other conditions werma of moth	
12. Hame James Frank Dryden 13. Birthplace Fairmount, Somerset Co. M.d.	(Include pregnancy within 3 months of death)	
¥ 14 Maiden name Virginia Dize,	Major findings of operations	
15. Birthplace Crisfield, Somerset, Co. Md	Major nuclegs of operations	
16. Informant Mrs. Naomi Dryden	Antonay restricts	
Address Shelltown Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial (Burial, cremation, or removal, Which?) Date fhereof Nov. 1,1948 (month) (day) (year)		
Cemetery or crematory Rehobeth Methodist Cm	Where did Injury occur?	
Location Rehobeth, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director H. Harvey Bradshaw	Maans of Injury tnjured at work?	
Address Crisfield, Maryland	23. SIGNATURE Lucy & Coulbrin m D	
10 10 10 10	M. D. of other	
(Date ree'd by registrar) (Date ree'd by registrar) (Registra	Address maring sto med Date signe Cal 30 48	

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2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No 265
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother) State
4 Sex 5. Geler er race 6.(a) Single, harried, widowed, or divorced	lone
	MEDICAL CERTIFICATION
Female White Widows	20. DATE OF DEATH. 00 0T 2 19 48 at 1
8. (b) Name of hueband or wite	21. I CERTIFY that death occurred on the dafe above etated; that f attended deceased from Sept 19. 18. 16. 19. 19. and that f last saw h. 1. 2 alive on 18. 18. Immediate cause of death 000RA Clarkers al beaucarlinge 5. Due to 19. Other conditions Manufall gran, left sade (Include pregnancy within 3 months of death) Major findings of operations 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
16. Intermant Les Maries Torries	Antopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Openheed	22. VIOLENCE: If death was due to expernal causes, till in the following:
17. (Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	Accident, euicide, or homicide
Cometery or crematory as August D	(City or town) (County) (State)

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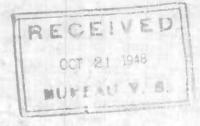
CEDTICICATE OF DEATH

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CERTIFI	Reg. Diat. No
1. PLACE OF DEATH: County Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Somerset
City or town. Cristield (If outside city or town limits, write RURAL and give nearest tow how long in above place of death? Lifetime	Crisfield (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: ASDURY AVENUE	Street No. ASBUTY AVENUE (If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME KATHRYN C. GOLDSBOROUGH	3. (b) Social Security Number
female 5. Color or race female 5. Color or race white Married female Temale Temale	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH 24. DATE OF DEATH 25. DATE OF DEATH 26. DATE OF DEATH 27. DATE OF DEATH 28. DATE OF DEATH 29. DATE OF DEATH 20. DATE
6.(6) Name of husband or wife Chas. W. Goldsborough 6.(6) If alive, give age 65 7. Birth date of deceased (mo., day, yr.) Cotober 24, 1883	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from years and that I last saw h A alive on A 19 75.
8. AGE: Years Months Days If less than one day 64 11 20 hrs.	Charie replactio 14.7
9. Birthplace	nd Due to.
11. Industry or business 12. Name	Other conditions (Include pregnancy within 8 months of death)
14. Maiden name. Clara Miller 15. Birthplace Somerset County, Maryland	
16. Informant Chas. W. Goldsborough Address Crisfield, Maryland	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof Oct 19,1 (Burial, cremation, or removal, Which?) (month) (day) (ye Cemetery or crematory surreflecting Constitute Location	
18. Funeral director He Harvey Bradshaw	Meens of Injury Injured at work?
Address Urisfield, Maryland	23. SIGNATURE S. M. Payton M. D. or other

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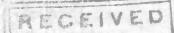
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	1 7	7	CL	7	'n
ullu	12		K	1,	p

3 days

Date signed ...

Reg. Dist. No. 265 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Somerset ... County Somerset urisfield Maryland (If outside city or town limits, write RURAL and give nearest town) Crisfield 19 years (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Potomac Street Hospital, Institution, or street address where death occurred: McCready Memorial Hosp! No... (If rural, give LOCATION) 4 days How long in hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number JOHN A. GUY 6.(a) Singlo, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex 5. Cotor or raco White Married Male Molly V. Guy 6.(b) Name of husband or wife ...6.(e) If alive, givo age75 years December 24, 1868 deceased (mo., day, yr.) tf less than one day 8. AGE: Years Smith Island-Somerset-Md. Id 9. Birthplace...... Waterman - Captain 10. Usual occupation. 11. Industry or business Oyster industry William H. Guy 12. Name...... Va. Accomac County, (Include pregnancy within 3 months of death) Martha A. Evans f4. Maiden namo..... Major findings of operations. Smith Island, Md. 15. Birthplace Molly V. Guy PLAINLY, V is especially 16 Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Crisfield, Md. Address Date thereof Oct. 17,1948 22. VIOLENCE: If death was due to external causes, fill in the following: Burial Accident, suicide, or homicide,..... (month) (day) (year) (Burial, cremation, or removat, Which?) Sunnyridge Cemetery Where did injury occur? Cemetery or crematory ... Hopewell, Maryland Injured at home, farm, industry, Jublic place (where?) Means of Injury H. Harvey Bradshaw 18 Funeral director Crisfield, Maryland



OCT 19*1948

SUREAU Y, S.

...Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

age

NFADING INK. Supply every item of information carefully. The nt. Physicians: please write the causes of death clearly and legible

WRITE

PLEASE

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

,			CERTI	IFICAT	E OF DEATH	Reg. Diat. No	(84
1. PLACE OF DEA	TH:	nerse	et.		2. USUAL RESIDENCE (HOM (For newhorn infants give reside	nce of mother)	
County. Somerset City or town. (If outside city or town limits, write RURAL and give nearest town)					Stale Maryland County Somerset		
(If or	tside city or town lim	ts, write R	URAL and give neares	t town)	Cricfiel	A	
How long in above place of	of death?	year	<u>'S</u>	*******	(If outside city or town Fifth	limits, write RURAL and give near	rest town)
Hospital, Institution, or	Fil :	fth s	treet		Sireet No	l, give LOCATION)	
How long in hospital or	Institution?			******************	2.(a) If veteran, name war		
3. (a) FULL NAME						3. (b) Social Security N	lumber
	Ga	rfiel	d Jones			217-03-	7867
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or div	orced	MEDICA	L CERTIFICATION	
Male	Colored		Married		20. DATE OF DEATH. Out . 3	1946	at 7 P:
6.(b) Name of husband of	Da	- III	aylor Jone	es	21. I CERTIFY that death occurred on the d		
6.(0) Name of husband of	H 11 G	*************			S. 1.5		
7. Birth date of	36-		c) If alive, give age	years	and that I last saw halive on	Oct 24	19.辻.
deceased (mo., day, yr) Months	y O ₉	1874		Immediate cause of death		DURATION
8. AGE: Years 74	months 5	26		min.	Care	a frate	22-
tD. Usual occupation	Se		omico, Mai d Laborer		Due to		
	Za	crial	n Jones		Diher conditions		
12. Name	Na	ntic	oke, Md.				
	Lo	uise	Black		(Include pregnancy wi		
14. Malden name 15. Birthplace		***************	and, Md.		Major findings of operations		
≥ 15. Birthplace					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
16. Informant			M. Elzie		Antopsy results	e to which death should be charged a	statistically.
Address			oke, Md.		22. VIOLENCE: If death was due to exte		
17. Bur (Burial, cremation,	or removal, Which?)		month) (day		Accident, suicide, or homicide	Date of	
Cemetery or cremator	yCe	mete	ry		Where did injury occur?(City or	town) (County)	(State)
Location	Cr	isfi	eld, Md.		Injured at home, farm, industry, public pl	ace (where?)	
18. Funeral director	H	Har	vey Brads	haw	Means of Injury	injured at work?	
Address		isfi	eld, Md.			PL	19
Madieza	1 (0	1	. 90		23. SIGNATURE S. L.	M D o	rother

Registrar

Address....



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MARYLAND STATE DEPARTMENT OF HEALTH

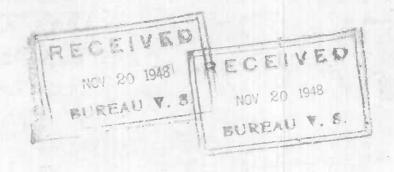
2411 N. Charles St., Baltimore

Reg. Diat. No.....

OF DEATH

USUAL DESIDENCE (HOME) OF DECEASED: or newborn infants give residence of mother) or town limits, write RURAL and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION lliam H. Coulbourn FOR SOMERSET COUNT (Include pregnancy within 3 months of death) HYSICIAN: Please onderline the cause to which death should be charged statistically. VIOLENCE: If death was due to external causes, fill in the following: cident, suicide, or homicide, nere did injury occur? (City or town) (County) ured at home, farm, Industry, public place (where?)

			CERTIFIC	CATE
1. PLACE FORAT	liera	to		2
County		7)	***************************************	
City or town	ide ty or yown-li	nits write R	URAL and eve neares to n)	State
J				City
How long in above piace of Hospital, institution, or str	eet address where	death occurred	: A .	*******
he	caplo	the	Dark.	Stree
-				2.(a
How long in hospital or ins	rituiton			2.(0
3. (a) TUIL NAME	din	9	Jones	1
4. Sex 5	. Color or race	(Singl	. parried, widowed, or divorced	
Malo	Black	4	V	
				20. [
6.(b) Name of husband or	wife			12/1
D.(O) Hame of Hassams of			\	J
7. Birth date of) If alive, give age	years and
deceased (mo., day, yr.)		1909		Imm
8. AGE: Zears	Months	Days	If less than one day	1,000
39			hrs.	min
11. Industry or business 12. Name				Due
3. Birthplace				
14. Maiden name 15. Birthplace				
E 14. maiden name		,		Maj
≥ 15. Birthplace		V		
16, Informant	1			Aot
		1		PHY
Address				22.
17(Buriai, cremation, or	removal, Which?	Date ther	(month) (day) (year	
Cemetery or crematory		/		Whe
Location			Λ	Inju
40 Europal diseases 4	2. Han	rey X	Iradekaw	Meg
18. Funeral director		1	.0 2.	
Address Cu	freed	nel	years	• 23.
19. Nov. 163	19 48 trar)		Janice E. Sp	istrar Add





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2411 N. Charles St., Baltimore

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CDT	FIC	ATE	OF	DEA	TH	

CERTIFICA	AIE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAl. RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother)
County	State Md County Service
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
dospital, Institution, or street address where death occurred:	Streel No. R 3 18
	(if rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME John Shomas Law	3. (b) Social Security Number
4. Sex 5. Chia ar race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White manual	20. DATE DE DEATH COCK 24 19.48 at 63
D	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Nama of husband or wife	10 10 10 10 10 act 29 10 7 8
S.(c) If alive, give age	and that I last saw h and alive on Old 29 19 19
7. Birth data of deceased (mo., day, yr.) 3 - 9 1879	Immediate cause of death DURATION
8. AGE: Years Months Days If less than ona day	Anna Rundai 3d
69 8 20 mm	
00000	Due to contempolarion
3. Birthpiace	
10. Usual occupation.	Run In
tt. industry or business Very Ranks	900 10
12. Name la climbers Roman (com	Dther conditions
13. Birtholace	
N A : 1	(Include pregnancy within 3 months of death)
# 14. Maiden name lo le resentence hogy	Major findings of operations.
15. Birthplace	Date of op.
16. Informant Edura lo bank for	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, flil In the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Dallalage Tracky	
^ ^	
Location lorenties all my	Maans of injury Injured at work?
18. Funeral director Manual T language	
Address lougher of me	Sur to ton not
2 oth 10 / /2	23. SIGNATURE M. D. or other
(Date ree'd by registrar) Regist	Address Command and Was Date signed Was 21

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

/						
1. PLACE OF DEATH: Somerset				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Costa	-64 A]		Slate Maryland County Somerset		
City or town(If o	ntside city or town lim	its, write l	RURAL and give nearest town)	# - i i - i - i		
How long in above place	ot death? 60	yrs.		City or town. (If outside city or town limits, write RURAL and give near	arest town)	
Hospital, Institution, or	street address where do	h St	reet	Street No.		
				(If rurel, give LOCATION)		
	institution?		······································	2.(a) It veleran, name war		
3. (a) FULL NAM				3. (b) Social Security	Number	
	JA		EDWARD MILLS			
4. Sex	5. Color or race	6.(a)\$1ng	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored		Married	20. DATE OF DEATH	12:25A	
a dis u	or wite Jenn	ie.M	ills	21. I CERTIFY that death occurred on the dalo above atated: that I attended dece	eased from	
P'(0) Watte of unangun	OL MIC		(c) It alive, give ago. 69 years	June 1, 19 48 10 Q ct		
7. Birth date of				and that I hast saw h	19.48	
deceased (mo., day.)			, 1868	Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	It less than one day	Carcinoma Prostate	1/7 4/	
8	0 3	3	hra. min.			
9. Birthplace Po	comoke vi	ty,	worcester, Md.	Due to		
	Farmer				***************************************	
				Due 10	***	
11. Industry or busines	1 n	mes	Mills		**	
12. Namo			***************************************	Diher conditions		
the second of the second			ke City, Md.	(Include pregnancy within 3 months of death)		
# 14. Malden name.	Ca	roli	ne Costen	Major findiogs of operations		
14. Malden name 15. Birthplace		rces	ter County	Major Indiogs of operations		
	De	arl		Autopsy results		
16. Informant		***************************************		PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address	CI		eld, Md.	- Aut to the tellember		
17. Bur	ial n, or removal, Which?)		(month) (day) (year)	Accident, suicide, or homicide	***************************************	
Comelery or cremate	огу	opew	ell Cemetery	Where did Injury occur? (City or town) (County)	(State)	
23,0000, 21,000			ell. Md.	Injured at home tarm ladustry public place (where?)		

Address

H. Harvey Bradshaw

crisfield, Md.

Maana of Injury

M. D. or other . Date algned

Injured at work?



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Je Je	CERTIFICAT	Reg. Dist. No.		
information carefully. The correct of death clearly and legibly.	1. PLACE OF-DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother). State Mary land County Demonstrate (If outside city or town limits, write RURAL sod give nearest town) Street No. Mam. Plant County Co		
BINDING y item of the causes	4. Sex School St. Color or race S. (a) Single, married, widowed, or divorced white with the widowed, or divorced white S. (b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH GT. 19 130 Q m 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 15 to 15 18 18 18 18 18 18 18 18 18 18 18 18 18		
MARGIA RESERVED FOR UNFADING INK. Supply even ant. Physicians: please write t	8. AGE: Years Months Bays If less than one day 57 5	Due to. Due to. Diter conditions the property of the conditions the cond		
MA PLAINLY, WITH UNF is especially important.	14. Maiden name Susan hewit 15. Birthplace remont Virginia 16. Informant Mrs. John Wilson Address Vamp fon Ave Irinces Anne M 17. Duried (Burisl, cremation, or reproval. Which?) Bate thereof 10-17-18 (Burisl, cremation, or reproval. Which?)	(Inclode pregnency within 8 months of death) Major findings of operations. Bate of op. Adtopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Bate of		
VS A16 PLEASE WRITE 1	Location Larksley Linginia 18. Funeral director hreeves and Johnson Address farksley Virginia 18. Funeral director hreeves and Johnson Address farksley Virginia 18. Funeral director hreeves and Johnson Address farksley Virginia 18. Funeral director hreeves and Johnson Address farksley Virginia	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE Trank had been been been been been been been bee		



OCT 16 1948

RUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10752 130-

	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	
3. (a) FULL NAME A mith	3. (b) Social Security Number
*Sex 5. Color or race 6.(a) Single, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. CORN 10, 19 48, 21 11 77
6.(b) Nama of husbond or wife	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceaped from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yaare Months Day's If less than one day min	and that I last saw h
9. Birthplace. M. T. Vernon, Somuet ma	Due to. Juliusus Julius 224000.
10. Usual occupation	Duo to
13. Birthplace m + Vernoy md.	(Include pregnancy within 3 months of death)
14. Maiden name Mangaret Jones 15. Birthplace Mt Wernon Md.	Major findings of operations
Address Princess and me md.	Autopsy results
(Burial, cremation, or removal Which) Date thoroof OCT 13 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicido, or homicide
Comotory or crematory & Vacation mt Vernon mod.	Whera did injury occur?
18. Funeral director. Nale Nachell Address Frances and mod	Means of Injury Syll South Sell Miles
19. (Datyrec'd by registrar) 19. (Datyrec'd by registrar)	23. SIGNATURE M. D. or other M. O. o

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VS A15

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2411 N. Charles St., Baltimore

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10753

CERTIFICATE OF DEATH

800 Dies No 260

- Sec	CLRITICAL	Reg. Dist. No.
on carefully. The correctlearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
tio d		12 (1) C : 1C : 1 N 1
MARGIN RESERVED FOR BINDING MATH UNFADING INK. Supply every item of information of important. Physicians: please write the causes of death clean	How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced B. (b) Name of husband or wife Color of race 8. (c) If alive, give age Years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days Usee than one day hrs. min. 9. Birthplace 11. Industry or buelness 12. Name 13. Birthplace 14. Maiden name AMALLA ADALLA A	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above etated; that I attended deceased from I and that last eaw h. P. L. alive on 90 27 19.48. Immediate cause of death. DURATION Due to. Dither conditions. Chronic Bronchits Semonth. (Include pregnancy within 3 months of death)
TE	15 Richarde Surmers of Consulty	Major findings of operations.
RITE PLAINLY, v is especially	Address Julian Date thereof (month) (day) (year) Cemetery or crematory A Constant C	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
VS A15	18. Funeral director Address A	23 SIGNATURE EVRORE &. Martin M. D. or other Address Poinces Anne M. Bare signed I. D. 21.48



		arles St., Baftimore 950	1, .
	CERTIFICA	TE OF DEATH Reg. Dist. No.	260
. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother)	
County SomERSE!		State MARYLAND COUNTY SOMERS	-/
Oity or town. (tf outside city or town)	mits, write RURAL and give near cat town)		
low long in above place of death?	HEARS	Cily or town	nesrest town)
lospital, institution, or street address where	death occurred:	Street No	
		(tf rural, give LOCATION)	
low long in hospital or institution?		2.(a) If veleran, name war	
B. (a) FULL NAME	1	3. (b) Social Securi	ty Number
1. Sex 5. Color or race	6.(a)Single, harried, widowed, or divorced	MEDICAL CERTIFICATION	
MALE WHITE	SINGLE	20. DATE OF DEATH OCTOBER 3 1941.	. 31
TITALE TOTALE	· Olayar	20. DATE OF DEATH	
8.(b) Name of husband or wife		21. I CERTIFY THAT GEATH OCCUPYED ON the Wate 2007e States, the	19-
I, Birth date of		ars and the Light saw harmanine on	10
deceased (ma., day, yr.) Oc. To.		Immediate cause of death	DURA
8. AGE: Years Months	Days If less than one day		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
45 11	5hrs	in acute Heart orgen	C
a. Birthplace Eden , Somer	SEI County MARY LAA	Due to	
10. Usual occupation	mek	no de	
11, industry or business		DUB 10	
	TAYLOR	Diher conditions	
	akyland		
	bETA SMULLEN	(Include pregnancy within 3 months of death)	
├ →		Major hadings of operations	****************
	yLAND	Date of op.	
	Hobbs	PHYSICIAN: Please underline the caose to which death should be char	ged statistically.
Address +RUILA	Nd, MAKYLAND	22, VIOLENCE: It death was due to sternal causes, fill in the following:	
17. BURIAL (Burial, cremation, or removal. Which)	Date thereof 10 - 5-/844 8 (month) (dsy) (year)	0. 0	
		The state of the s	
Cemetery or crematory	1 / 1	(County)	
	and, MARYLAND	Injured at home, farm, industry, pages place (where?)	******************
18. Funeral director MR LEV	IN B. WILSON	Means of limity South thijured at work?	
Address Wilson FUN. Hon	TE , PRINCESS, ANNE, M	de Stum Me Local ford	ms
10/1 48	P3/4/ Cm		D. or other
19	N. A. TOWARD	Truces (un my	10/1/

VS A15

19. (Date roe'd by registrar)

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THE REAL PROPERTY.

2411 N. Charles St., Baltimore

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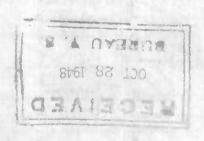
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militie	м.	-	_		

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Somerset City or lown. Cristield (If outside eity or town limits, write RURAL and give nearest town) Street No. Pine Street (If rursi, give LOCATION) 2.(a) If releran, name war.		
City or town			
Hospilal, Institution, or street address where dealh occurred: Pine Street			
How long in hospital or Institution?			
OLEVIA RIGGIN THOMPSON	J. (0) Secial Security Musici		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH. C C + 2 1948 28 2 30		
6.(b) Name of husband or wife. James Thompson 6.(c) If alive, give ageyear	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 8. O 12	Immediate cause of death DURATION acute La 1 Faul 2		
9. Birthplace Pocomoke-Worcester-Maryland (Town, county, and state) 10. Usuat occupation Housewife	Due to Character Super Condition 1.		
11. Industry or business 12. Name	Dither conditions		
E 14. Malden name Demriah Young	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of		
14. Malden name Demriah Young 15. Birthplace Pocomoke, Maryland Mrs. Marvin Tawes			
Address Crisfield, Maryland Burial Date thereof Oct. 26,1948 (Burial, cremation, or removal. Which?)			
Cemetery or cremator Crisfield Cemetery Location Crisfield, Maryland	Where did injury occur?		
18. Funeral director H. Harvey Bradshaw	Msans of Injury Injured at work?		
19. Oct 18 Janice Esquise (Date rec'd by registrar) 18. Registra	23. SIGNATURE S. m. legton W. A. M. D. or other M. D. or other Address Caco d. Date signed and.)		

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VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

940

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Crisfield (Rural) (If outside city or town limits, write RURAL and give neureat town) Lawsonia Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
	WEDLON CERTIFICATION
4. Ser Male Nhite Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 2.15.30.8:
Mary Ellen Tyler 6.(b) Name of husband or wite 4.5.(c) It alive, give ege 7. Birth date of deceased (mo., day, yr.) December 20, 1892	and that I last saw h. Lan. alive on
8. AGE: Yeare Months Days It less than one day 10min.	Committee love look
9. Birthplace	Due to
14. Maiden name Parksley, Virginia 15. Birthplace	(Include pregnancy within 3 months of death) Major findings at aperaticus
Lois Evans 16. Informant Asbury Ave., Crisfield, Md. Address	Antopsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Crisfield, Md. Hubbard & Covington	22. VIOLENCE: If death was due to external caueee, till in the following; Accident, suicide, or homicide
18. Funeral director Main St. Crisfield, Md.	C 1 P La Kud

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Date signed at 8 194)

CEDTIFICATE OF DEATH

461

1. PLACE OF DEATI	Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town	Crisfield de city or town limits, write RURAL and give nearest town) leath? 35 years	State Maryland County Somerset City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or atro	McCready Memorial Hos	pitatel No. Paper Street (If rurol, give LOCATION)
How long to hospital or ins	tilution? 4 weeks	2.(a) If veleran, name war
3. (a) FULL NAME	JOHN WATERS	3. (b) Social Security Number 213-10-7254
Male 5	Colored Single Single	MEDICAL CERTIFICATION 20. DATE DE DEATH OCTUBER 6 19 78 31 2:35 A
	June 30, 1899	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.74 8 to 3.19.44 8 and that I last asw h
8. AGE: Years 49	Months Days If less than one day 3 6hrs.	Continue of the long of the lo
9. Birthplace 10. Usual occupation 11. Industry or business	Seafood Laborer	2. V Sue 10
12. Name	George Waters Fairmount, Md. Emma Caster	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace	Northumberland County Thomas Waters	Major findings of operations. Date of op. Autopsy results Caraly Statistically. PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Buria	removal, Which?) (month) (day) (year	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or	Lawsonia Cemetery Crisfield, Md.	(City or town) (County) (State)

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF. is especially important.



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Dag	Diet	No	GL.	65	

		CERTIFICA	ATE OF DEATH Reg. Dist. No. 265
How long in above place Hospital, Institution, o	Som Uri outside city or town lin the of death? FeW or street address where death or lnstitulion?	eath Church	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motifie) Stat. County City or town. (If outside city or town limits, write RUKAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
D. (G) 1 0 0 D 111111		TER D. WEBSTER	
4. Sex Male	5. Color or race White	8.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20, DATE OF DEATH, October 10,48
6.(ò) Name of husband	U Ur Wilc	ttie Webster	20 INCERTIFY marbeath occurrenon the date pove stated; that tettend deceased from
7. Birth date of deceased (mo., day, 8. AGE: Year	yr.) AUS	Sust 23,1878 Days If less than one day 18hrs	Is DURATION DURATION
9. Birthplace	Wej (Town, o	nona, Md. Sounty, and state) Sterman (Retired)	Due to Servicon to Fell
11. Industry or busine 12. Name	We:	sley webster al Island, Md. ith Corew	Other conditions (Include pregnancy within 8 minutes of death)
14. Maiden name 15. Birthplace	We	nona, Md.	Major filding of Schridts
16, Informant		ttie Webster nona, Md.	PHYSICIAN: Please underling the cause to which death should be charged statistically.
Buri (Burial, cremation Cemelery or crema	on, or removal. Which?)	metery (month) (day) (year)	Where did Injury occur? Accident, suicide, or homicide. Where did Injury occur? (City or town MERSET COCO)
Location	T	nona, Md. G. Webster	tnjured at home, farm, Industry, public place (where?)
18. Funeral director. Address	***************************************	al Asland, Md.	Muytlanderour nid
19. Oct.	13, 19 48	Janice & Spine	Dechy2-194

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correct age

Supply every item of information carefully. The asse write the causes of death clearly and legibly

WRITE PLAINLY, WITH UNFADING is especially important. Physicia

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PLEASE



CERTIFICATE OF DEATH

		Trog. Dist. Ivo. M. C. L.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM	E) OF DECEASED:
ounty Somerser	(For newborn infants give reside	nce of mother)
(1) \ 1 \ 0 \ .	State Ma	County Somerset
ty or town	(a. ·)	
w long in above place of death?	City or town	n limits, write RURAL and give nearest town)
ospital, Institution, or street address where death occurred:		
	Street No.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		al, give LOCATION)
iow long In hospital or institution?	2.(a) tf veteran, name war	
Mary Elizabeth W	hiti	3. (b) Social Security Number
4. Sex 5. Coo or race 6.(a) Swize, married widowed, or divorced	MEDICA	L CERTIFICATION
Tunde cot warmen	20. DATE OF DEATH.	Ler 7 1948 31/0.3
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the d	late above stated; that I attended deceased from-
	years	
7. Birth date of		16
deceased (mo., day, yr.) 868	Immediata cause of death.	QURAT
8. AGE: Years Months Days If less than one day	Trahetes M	reflicting ?
So 3 hrs.	min.	full lest
Mario mail		5
8. Birthplace	Due to	
(Town, county, and state)		
10. Usual occupation		
14 Jadrobu as husiness	Oue to	***************************************
11. Industry or business		
12. Name Littleton Monday	······· Other conditions	
13. 8irthplace		
HI HILL ATTENDED	(Include pregnancy wit	thin 3 months of death)
E 14. Maiden name	Major findings of operations	
15. 8irthplace Orive Food		
Part of the same		Date of op.
16. Informant	Autopsy results	to which death should he charged statistically.
Address ariole red		
B . 11-11-1	22. VIOLENCE: If death wastove to exter	rnal causes, till in the following:
(Burial, cremation, or removed, Which?) Date thereof	Accident, suicide, or hamicide mile	Date of
Sh don		
Cometery or crematory	Willes and miles Account College, or s	town) (County) (State)
Location Princes dame	Injured at nome, farm, Industry, public of	ace (where?)
LUCATION AND AND AND AND AND AND AND AND AND AN	Brans of Prory Some	
18. Funeral director Allenan His James	means of their	Tithured at work?
P: - 0. () . 1/6	As I	140/0 18 18
Address Puncess China Japan	23 SIGNATURES CLV	M. Course M-
11 1-1 1/ 1-1 1 1		
19. (Dalpford by registrar) 1948 S. St. Johnson	mall	M. D. or other

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PLEASE

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. Bate signed . Oct.

CERTIFICAT	E OF DEATH Reg. Dist. No. 265
City or town (If outside ei) or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Willis Le Roy Whate	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M S	20. DATE OF DEATH Oct. 31. 1978 2/2: 141: M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4
8. Sirthplace	Bue to.
tD. Usual occupation	Bue to
11. Industry or business 12. Name 13. Birthplace 14. Name 15. Name 16. Name 17. Name 18. Name 19.	Other conditions
14. Maiden name Production of the State of t	Major findings of operations.
16, Informant Parola White	Autopsy results
17. (Burial, cremation, or removal, Which?) Date thereof May (woar) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematory. Mealing	Where did injury occur?
Location Marion Land	Injured at home, tarm, industry, public place (where?)
18. Funeral director Notice of March	Means of Injury Iojured at work?
Address marion and	23. SIGNATURE S. Le Perton W. D. or other

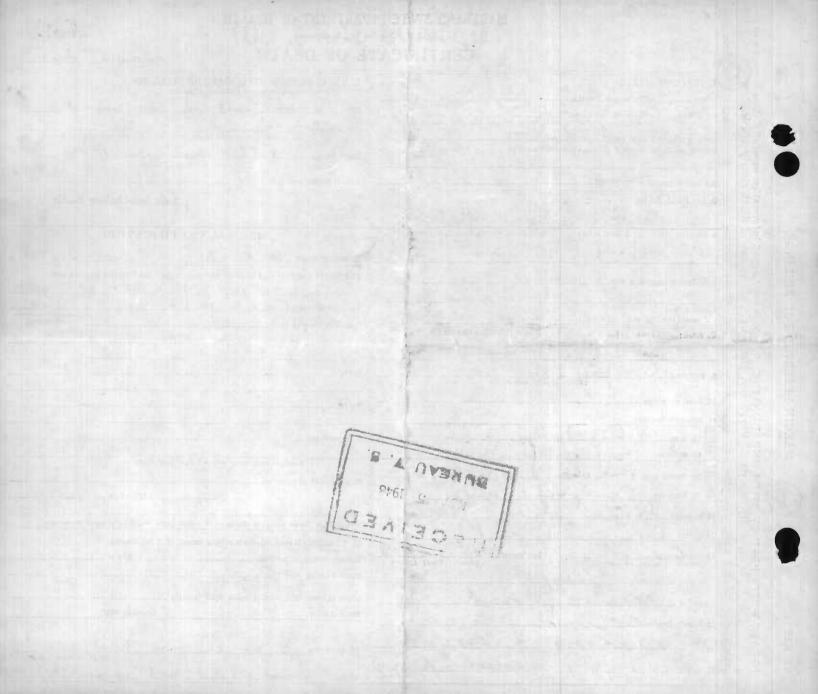
Registrar

Address.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legible. MARGIN RESERVED FOR BINDING NS

(Date rec'd by registrar)

rect age



CERTIFICATE OF DEATH

10761 Reg. Dist. No. 260

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Domester 13	(For newborn infants give residence of mother)
City or town The Vernor (Princess Anne	State County
(If outside city or town limits, write RUKAL and give nearest town)	City or town Campau
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 826 Walnut St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Josephine Winder	
4. Sex 5. Color of race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tolored married	20. DATE OF DEATH. 6 T. 11 19 46 11.30
Thomas Winder	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	Oct 4 19 44 10 Oct 8 19 48
7. Birth date of A. Bir	and that I last saw hand alive on out to 19 KK
deceased (mo., day, yr.) Mot Malows 1871	Immediais caose of death Cerby DURATION
8. AGE: Yeare Months Days If lees than one day	Man ton S
7/hrsmin.	
9. Birthplace MK Vernor, Somewest County	Due to. Certhyal artered selver a
Alparen Mila	
10. Usual occupation.	Due to
11. Industry or buelnees The Throwest	
12. Name	Other conditions
13. Birthplace	
	(Include pregnancy within 8 months of death)
14. Malden name MANOWESL 15. Birthplace	Major findings of operations.
El 15. Birthplace	Date of op.
English a Waldage	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Venton, mik.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Buil Date thereof 10 - 17 - 48	
(Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Met Version, Met.	Whera did Injury occur?
Location Mit Warmon Mill.	Injured at home, farm, Induetry, public place (where?)
18. Funeral director William A James H.	Meane of Injury Injured at work?
	5 17 1. 1
Address Mugh as June 1997	23, AIGNATURE. M. D. co.chor.
	M. D. or other

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consess of death clearly and legibly.

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MARGIN RESER

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(Date rec'd by registrar)

